

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Protecting Choice in California, a project of Planned Parenthood Affiliates of California</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px;"> <b>C</b> C00556860         </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="float: right; text-align: right;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">M M M</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">D D D</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">Y Y Y Y Y Y</div> </div>		

Full Name of Payee <b>Ambrosino Muir Hansen Crounse (AMHC)</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">09</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">01</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div> </div>	
Mailing Address 501 Sansome Street, Suite 404		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City State Zip Code San Francisco CA 94111	<b>Transaction ID : PDT.E.10</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">09</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">01</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div> </div>		
Purpose of Expenditure Mailers; 9/1-9/30 (estimate)	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">24A</div>	
Name of Federal Candidate Julia Brownley		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">110087.47</div>	
Office Sought:		<input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Disbursement For:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ambrosino Muir Hansen Crounse (AMHC)</b>		Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">09</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">01</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div> </div>	
Mailing Address 501 Sansome Street, Suite 404		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10000.00</div>	
City State Zip Code San Francisco CA 94111	<b>Transaction ID : PDT.E.21</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin: 2px;">09</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">01</div> /            <div style="border: 1px solid black; padding: 2px; margin: 2px;">2014</div> </div>		
Purpose of Expenditure Mailers; 9/1-9/30 (estimate)	Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;">24A</div>	
Name of Federal Candidate Jeff Gorell		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">110087.47</div>	
Office Sought:		<input checked="" type="checkbox"/> House District: <u>26</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>CA</u>	
Disbursement For:		<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Kathleen Cogan*

[Electronically Filed]

Date

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Signature